Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

Madison, WI 53708-8935

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR REGISTRATION AS A HOME INSPECTOR

EXAMINATIONS NOTE:

I have completed both portions of the home inspector exam: the Wisconsin Statutes and Rules Exam and the National Home Inspector Exam. (Enclose a copy of the document you received from the national testing agency showing proof of passing the national exam.) If you have not completed both exams, do not submit this application.)

Under Wisconsin lav	v, the Department must deny	your application i	f you are liable fo	r delinq	quent state taxes or child support (sec. 440.12, Stats.).
PLEASE TYPE OR			are available to thur name & address v		ic. from lists of 10 or more credential holders (sec. 440.14, Stats.)
Last Name		First Name			Former / Maiden Name(s)
Your Street Address	s (number, street, city, state	, zip)		Į.	
Mail To Address (if	different)				
Date of Birth			Daytime Tele	phone	Number
month	day yea	r	()		-
Ethnic/gender status information is optional. Sex: M Ethnic: White, not of Hispanic origin Black, not of Hispanic origin Hispanic Other					
	a license/credential in the s Wisconsin license/credent		in?		YesNo (please indicate)
The license will exp	oire on December 31 of the	even-numbered	year.		
APPLICATION FEES: Make check payable to Department of Regulation and Licensing and attach to application For Receipting Use Only					
□ \$ □ \$					
OFFICE USE ONLY					
ТҮРЕ	GRANT DATE RI	EGISTRATION #	•		
#2382 (Rev. 2/05 Ch. 440.97, Stats			-OVER-		

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AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all answers set forth are each and all strictly true in					
every respect. I understand that false or forged statements made in connection with this application may be grounds for					
revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules					
of the Department of Regulation and Licensing will be cause for disciplinary action.					

Date

Signature of Applicant